



PLEASE PLACE LABEL IN THIS SPACE

COMMENTS

STREET OR P.O. BOX

STREET OR ROUTE NUMBER

NAME AND TITLE (last, first, & job title)

A. NAME OF INSTALLATION'S LEGAL OWNER

15	16
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ 61 A. AIR ☐ 62 B. RAIL ☐ 63 C. HIGHWAY ☐ 64 D. WATER ☐ 65 E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 3					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

49	50	51	52	53	54
23	23	23	23	23	23
26	26	26	26	26	26

☒ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

To H. England

LEE H. ENGLAND
PLANT ENGINEERING MANAGER

8/25/82



S. Russell Sylva
Commissioner

The Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Quality Engineering
Division of Solid and Hazardous Waste
One Winter Street, Boston, Mass. 02108

January 30, 1986

To: Gary Gosbee

From: Nancy Wrenn *NW*

Re: Minor Changes in the Data Base

NAME: *Charles River Breeding Labs*
ID: *MAD019716729*
FILE: _____
OT: _____

The following minor changes and corrections should be made in the EPA data base:

A T & T Co.	MAD003935046	Name change, contact
A-1 Cleansers, Inc.	MAD980733125	" "
Aratex Services	MAD038339610	" waste codes
Bolt Beranek & Newman	MAD980671875	waste codes
C & D Power Systems	MAD092189109	Name change, contact
Charles River Breeding Labs	MAD019716729	Contact
A.W. Chesterton	MAD001014570	waste codes
Dynamics Research Corp.	MAD001014182	Contact
Digital Equipment Corp. (2 Maynard sites)		Mailing address changes
Global Petroleum Corp.	MAD075727503	Name change, mailing address
Lewcott/Sandman Co.	MAD001129485	Name change, contact
Marine Biological Laboratory	MAD001933779	Contact, phone
Masoneilan Div - Avon	MAD000652081	Contact, name
Raytheon Co.	MAD980913172	Contact
Scharr Industries	MAD980910210	Name, mailing address, contact
Unifirst Corp.	MAD019723535	Add SQG status
U Mass Boston	MAD991302365	Contact

MANIFEST SYSTEM DATA BASE CHANGES

This form is to be used when there are minor changes to be made to an original notification. It is NOT to be used for installation operation's address change as this requires a new EPA identification number and a new notification. Return to the Compliance Branch for processing. The person completing this form must be able to produce evidence that the requested changes are accurate. Please print legibly.

Signature of person certifying that the information below is true:

EPA IDENTIFICATION NUMBER:

M A D O I G 7 1 6 7 2 9

FORMER NAME

CHANGE

☐

Installation name CHARLES RIVER BREEDING LABS

☐

Mailing address

☐

Waste Codes:

☒

Contact name RAYMOND E. FITCH

☐

Contact Phone number

Hazardous Waste Status

This firm should appear on the computer as the checked items below:

☐ Small Quantity Generator

☐ Large Quantity Generator

☐ Licensed Facility (specify):

☐ Licensed Transporter

☐ Wastewater Treatment Unit

☐

STATUS:

☐ Active

☐ Inactive as of (date)

Reason: